



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of :
MITSUAKI OSHIMA ET AL :
Serial No. 09/669,916 : Attn: Office of Initial Patent
Examination Customer Service
Filed: September 25, 2000 : Center
Title: COMMUNICATION SYSTEM :

REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents,
Washington, D. C.

RECEIVED
JUN 19 2001
Technology Center 2600

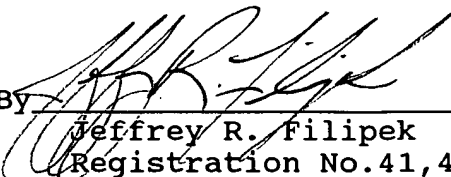
Sir:

Enclosed herewith is a copy of the Official Filing Receipt for the above-identified application marked in red indicating corrections to be made thereto.

Accordingly, it is requested that the PTO issue a Corrected Filing Receipt reflecting these corrections.

Respectfully submitted,

MITSUAKI OSHIMA ET AL

By 
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/eak
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March 16, 2001



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/669,916	09/25/2000	2614	1054	2000_1326	178	6	6

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FILING RECEIPT



OC000000005832427

Date Mailed: 03/06/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. **If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).**

Applicant(s)

Mitsuaki Oshima, Kyoto-shi, JAPAN;
Seiji Sakashita, Osaka, JAPAN;

Continuing Data as Claimed by Applicant

This appln is a div of 08/244,037, filed 02/04/00, which is a reissue
of 08/240,521 05/10/1994 Pat.5,600,672 which is a cip of 07/857,627 filed 03/25/1992 abn.

Foreign Applications

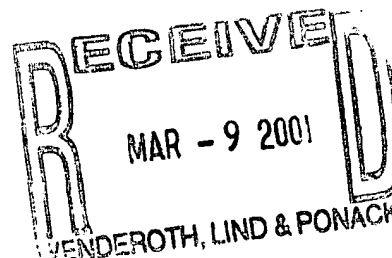
JAPAN 03-62798/1991 03/27/1991
JAPAN 03-95813/1991 04/25/1991
JAPAN 03-155650/1991 05/29/1991
JAPAN 03-182236/1991 07/23/1991
JAPAN 04-60739/1992 03/17/1992
JAPAN 05-132984/1993 05/10/1993
JAPAN 05-261612/1993 09/24/1993
JAPAN 05-349972/1993 12/27/1993
JAPAN 06-79668 03/24/1994

If Required, Foreign Filing License Granted 12/16/2000

Title

Communication system

Preliminary Class



AO

#7



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Bib Data Sheet

CONFIRMATION NO. 2601

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/669,916	09/25/2000 RULE		2634	2000_1326

APPLICANTS

Mitsuaki Oshima, Kyoto-shi, JAPAN;
 Seiji Sakashita, Osaka, JAPAN;

** CONTINUING DATA *****

THIS APPLICATION IS A DIV OF 09/244,037 02/04/1999
 WHICH IS A REI OF 08/240,521 05/10/1994 PAT 5,600,672
 WHICH IS A CIP OF 07/857,627 03/25/1992 ABN

** FOREIGN APPLICATIONS *****

JAPAN 03-62798/1991 03/27/1991
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 JAPAN 03-155650/1991 05/29/1991
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 JAPAN 5-261612 09/24/1993
 JAPAN 5-349972 12/27/1993
 JAPAN 6-79668 03/24/1994

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 12/16/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 178	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature Initials				

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TITLE		
Communication system		
FILING FEE RECEIVED 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
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